

## Member Enrollment Retroactivity Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector       Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth Plan and Accountable Care Partnership Plans       Tufts Health Unify – OneCare Plan

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The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### POLICY

Tufts Health Plan will make retroactive changes to member enrollment data based solely on information received from an applicable governing agency and will readjudicate claims affected by these changes.

### DEFINITIONS

A retroactive change to member enrollment data may consist of either a retro-enrollment or a retro-termination.

- Retro-enrollment: The governing agency identifies a member as covered by Tufts Health Public Plans for a specified previous time period.
- Retro-termination: The governing agency identifies a member as ineligible or covered by either the governing agency or another managed care organization for a specified previous time period.

### AUTHORIZATION REQUIREMENTS

Tufts Health Plan may require authorization for services rendered during the retroactive period. To obtain authorization, providers must submit medical documentation for services rendered during the retroactive period. To determine the authorization requirements for a specific claim, please refer to the relevant [medical and behavioral health benefit summary grid](#).

### BILLING INSTRUCTIONS

Tufts Health Plan will identify and readjudicate any claims processed during the retroactive period. If another insurer has denied a claim for services rendered during the retroactive period, providers must submit the claim to Tufts Health Plan along with a copy of the other insurer's explanation of payment. Tufts Health Plan will only reimburse for services covered under the member's plan.

### DOCUMENT HISTORY

- February 2019: Removed reference to retired payment policy (Timely Filing of Claims policy)
- March 2018: Template updates
- October 2017: Updated to include RITogether
- February 2017: Template updates

### AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not

a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.